

INSURED BY MONTGOMERY COUNTY
MARYLAND INTERAGENCY SELF INSURANCE FUND

- MONTGOMERY COUNTY GOVERNMENT
101 MONROE STREET, ROCKVILLE, MD 20850 – Phone 251-7240
- MONTGOMERY COUNTY PUBLIC SCHOOLS
850 HUNGERFORD DRIVE, ROCKVILLE, MD 20850 – Phone 279-3611
- MONTGOMERY COLLEGE
900 HUNGERFORD DRIVE, ROCKVILLE, MD 20850 – Phone 279-5267
- MARYLAND NATIONAL CAPITAL PARK & PLANNING COMMISSION
6609 RIGGS ROAD, HYATTSVILLE, MD 20782 – Phone 853-3300
- OTHER _____

- MOTOR VEHICLE ACCIDENT NOTICE
- LIABILITY ACCIDENT NOTICE
(NOT MOTOR VEHICLE)

LOCATION CODE

(Do Not Write In This Space)

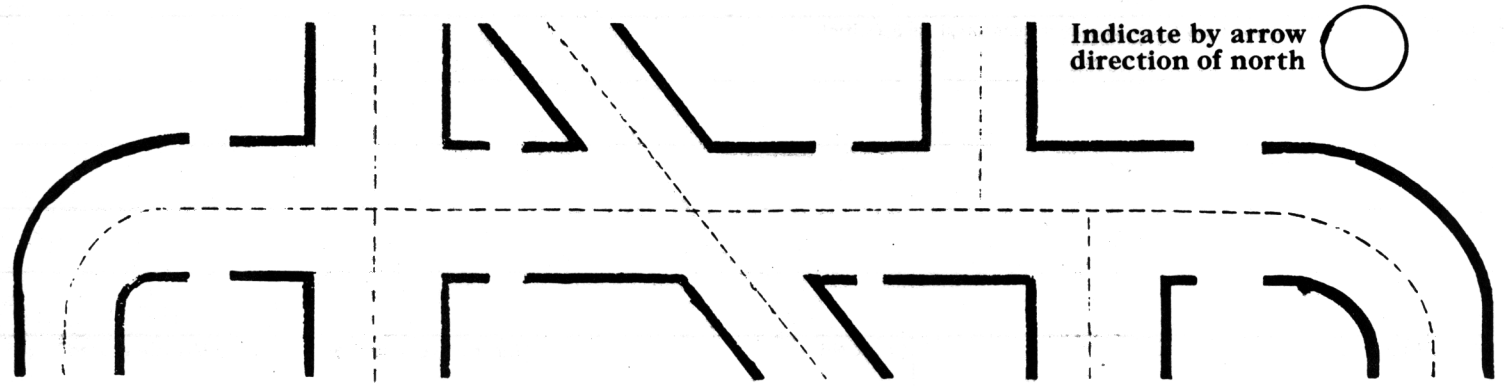
| | | | | | | | | | | | | |
|---------------------------------|--|--|---------|---|-------------|-------------------------------------|--|--|---------------------------|--|---------------|------|
| INSURED | Department & Address | | | | | | | | | | | |
| | Supervisor of Driver | | | | | Phone | | Officer's Name | | | | |
| ACCIDENT DESCRIPTION | Date & Time of Accident or Loss A.M. P.M. | | | Location of Accident (including city & state) | | | | | Police Station Responding | | | |
| | Description of Accident or Loss (Use reverse, if necessary) Be Specific! | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| INSURED VEHICLE | Year, Make, Model | | | Stock No. | | | License No. and State | | Is Vehicle Leased? | | | |
| | If Leased - Owner | | | If Leased - Address | | | | | Phone | | | |
| | Name of Driver | | | Age | Address | | | | Phone | | | |
| | Relation to Insured (Employee, Volunteer, etc.) | | | Take Home? | | Not Take Home? | | Purpose of Use | | Used With Permission <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| | Describe Damage | | | Repair Estimate | | Where can Car be Seen? | | | | | | |
| CLAIMANT PROPERTY DAMAGE | Owner | | | Address | | | | | Phone | | | |
| | Other Driver (Check if same as owner) Same | | | Address | | | | | Phone | | | |
| | Describe Property (If auto, Make, Year, Plate No.) | | | Other Car or Property Insured <input type="checkbox"/> Yes <input type="checkbox"/> No | | Company or Agency Name & Policy No. | | | | | | |
| | Describe Damage | | | Repair Estimate | | Where can Car be Seen? | | | | | | |
| INJURED | Name (include all injured passengers) | | Address | | Phone | | Extent of injury | | Age | Insured Vehicle | Other Vehicle | Ped. |
| | Doctor or Hospital | | | Address | | | | | | | | |
| | Name (Include all injured passengers) | | Address | | Phone | | Extent of Injury | | Age | Insured Vehicle | Other Vehicle | Ped. |
| | Doctor or Hospital | | | Address | | | | | | | | |
| CLAIMANT | Occupation | | | Employed By | | | Relation to Insured (Employer, Family, etc.) | | | | | |
| | Probable Disability Weeks | Returned to Work <input type="checkbox"/> Yes <input type="checkbox"/> No | | Why on Premises? | | | | | Insured Vehicle | Other Vehicle | Other | |
| WITNESS | Name (Include all uninjured passengers) | | | Address | | | Phone | | | | | |
| | | | | | | | | | | | | |
| Remarks | | | | | | | | | | | | |
| Date | | Reported By | | | Reported To | | | Signature (Producer, Insured, or Driver) | | | | |

Description Of Accident (Cont'd)

Road & Weather Conditions

| | | | | | | |
|--------------------------------|-------------------------------|------------------------------|--------------------------------|---|--|--|
| Weather | | Road | | Road Character | | |
| <input type="checkbox"/> Clear | <input type="checkbox"/> Snow | <input type="checkbox"/> Dry | <input type="checkbox"/> Snowy | <input type="checkbox"/> Straight and Level | <input type="checkbox"/> Straight with Grade | <input type="checkbox"/> Straight at Crest of Hill |
| <input type="checkbox"/> Rain | <input type="checkbox"/> Fog | <input type="checkbox"/> Wet | <input type="checkbox"/> Icy | <input type="checkbox"/> Curve and Level | <input type="checkbox"/> Curve with Grade | <input type="checkbox"/> Curve of Crest of Hill |

Complete the Following Diagram Showing Direction and Positions of Automobiles Involved, Designating Clearly Point of Contact.



Instructions:

Use solid line to show path of vehicle before accident, dotted line after accident

- A My Car
- C Third Car
- Stop Sign
- Give names of streets
- B Other Car
- Pedestrian
- Stop Light
- +++++ railroad

Damage To Property Of Others (Cont'd)

| | | |
|------------------------------|--------------------------------|-------|
| Owner and Address | | Phone |
| Other Driver and Address | | Phone |
| List Damage | Estimated Cost of Repairs | |
| If Automobile, Make and Year | License No. and State | |
| Was Other Car Insured? | Name of Company and Policy No. | |

Persons Injured (Cont'd)

| | Name of Injured | Address | Passenger | | Ped. | Age and Extent of Injuries |
|---|--------------------|---------|-------------|-----------|------|----------------------------|
| | | | Insd's Car | Other Car | | |
| 3 | Doctor or Hospital | Address | (Check One) | | | |
| | Name of Injured | Address | | | | |
| 4 | Doctor or Hospital | Address | (Check One) | | | |
| | Name of Injured | Address | | | | |

EMPLOYEE(S) USED: YES NO IF OTHER SAFETY DEVICES USED

SEAT BELTS DESCRIBE _____

SHOULDER HARNESS _____

WHAT DEFECTS TO EMPLOYEE'S VEHICLE CONTRIBUTED TO ACCIDENT? _____